

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014454

Entity Name: 3S, LLC

FILED
May 11, 2008
Secretary of State

Current Principal Place of Business:

521 CAMPUS STREET
CELEBRATION, FL 34747

New Principal Place of Business:

1477 LEXINGTON AVENUE
DAVENPORT, FL 33837

Current Mailing Address:

521 CAMPUS STREET
CELEBRATION, FL 34747

New Mailing Address:

1477 LEXINGTON AVENUE
DAVENPORT, FL 33837

FEI Number: 59-3682656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RIEF, FRANK J III
442 W. KENNEDY BLVD., STE. 340
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OPHEIM, STEVEN
Address: 3154 ISLAND VIEW DRIVE
City-St-Zip: MOUND, MN 55364

Title: MGRM () Delete
Name: SAMSON, HAROLD N
Address: 521 CAMPUS STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SAMSON, HAROLD N
Address: 1477 LEXINGTON AVENUE
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HAROLD N. SAMSON

MGRM

05/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date